Petition for Permission to Register for Courses with a Time Conflict

Please Print Legibly in Blue or Black Ink!

Name: _______________________________ UID: _______________________________

Major(s): _______________________________ Today’s Date: __________________________

Email Address: ____________________________________________________________

Phone Number: ___________________________________________________________

Courses with a Time Conflict:

1) Course (ex. English 101): _______________ Section (ex. 0302): ______________________
    Time (ex. 1:00-3:00 MWF): _______________ Instructor (printed name): _______________
    *See below for Instructor’s Permission

2) Course: _______________________________ Section: _______________________________
    Time: _______________________________ Instructor: ___________________________
    *See below for Instructor’s Permission

Explanation of why you need to register for courses with a conflict.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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*You must have the support of BOTH instructors before approval of a time conflict will be considered. The instructors may write a letter on departmental letterhead or send an email message to cmnsque@umd.edu.

CMNS Staff will look over your records, and you will be contacted as to whether you have been given permission or not through email. The process will take 3-5 business days to complete.

FOR OFFICE USE ONLY
APPROVED / DENIED / PENDING

Dean’s Office Signature: _______________________________ Date: ______________________

Updated November 2015